

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6225

State File No. ....

REC'D FEB 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1192**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2239</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1220 E RUSSELL</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1220 E RUSSELL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>LULA</b>	b. (Middle) <b>G.</b>	c. (Last) <b>BAYLESS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 6 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 22, 1888</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours	12. UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ANNAPOLIS, MO. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>NOT KNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY A. BLAM</b>	14. NAME OF HUSBAND OR WIFE <b>LEE BAYLESS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>490-03-6247</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ETHEL B. REED</b> ADDRESS <b>2336 So. 9TH ST.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>diversed Gall Bladder</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>General Anemia</b>		20. AUTOPSY? <b>2 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>155X</b>
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22. I hereby certify that I attended the deceased from Aug 1<sup>st</sup>, 1951, to 1-6, 1952, that I last saw the deceased alive on 1-6, 1952, and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. F. Murray M.D.</b>	23b. ADDRESS <b>605-A Russell Blvd</b>	23c. DATE SIGNED <b>2-7-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB 8, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WILLIAMSVILLE Mo.</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>FEB 7 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith no. M. 1192</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Coughlan</b> ADDRESS <b>746 Manchester</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DR L. F. MURRAY  
605-A RUSSELL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed V E Morris

Signed.....  
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.